

Revision: HCFA-PM-93-5 (MB)
May 1993

State: Mississippi

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

X Part A X Part B

 The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. <u>93-15</u>	Approval Date <u>1-11-94</u>	Effective Date <u>10-01-93</u>
Supersedes	Date Received <u>12-8-93</u>	
TN No. <u>92-02</u>		

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Mississippi

Citation

- | | | |
|---|-------|--|
| 1902(a)(10)(E)(ii)
and 1905(s) of the Act | (ii) | <u>Qualified Disabled and Working Individual (QDWI)</u>

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in <u>ATTACHMENT 4.18-E</u> , for individuals in the QDWI group defined in item A.26 <u>ATTACHMENT 2.2-A</u> of this plan. |
| 1902(a)(10)(E)(iii) and
1905(p)(3)(A)(II)
of the Act | (iii) | <u>Specified Low-Income Medicare Beneficiary (SLMB)</u>

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of <u>ATTACHMENT 2.2-A</u> of this plan. |
| 1902(a)(10)(E)(iv)(I),
1905(p)(3)(A)(ii), and
1933 of the Act | (iv) | <u>Qualifying Individual -1 (QI-1)</u>

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act. |
| 1902(a)(10)(E)(iv)(II)
1905(p)(3)(A)(ii), and
1933 of the Act | (v) | <u>Qualifying Individual - 2 (QI-2)</u>

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act. |

Transmittal # 98-01
Supersedes Approval Date 6/5/98 Effective Date 1/1/98
TN No. 93-05

Enclosure 3 continued

29b

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Mississippi

Citation

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(vi)

Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

benefits

x All individuals who are: (a) receiving

under titles I, IV-A, X, XIV, or XVI (AABD or SSI); (b) receiving State supplements under title XVI; or (c) within a group listed at 42 CFR 431.625(d)(2).

___ Individuals receiving title II or Railroad benefits.

___ Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2)

Other Health Insurance

___ The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A, but not enrolled in Medicare Part B).

Transmittal # 98-01
Supersedes _____ Approval Date 6/5/98 Effective Date 1/1/98
TN No. 93-05

Revision: HCFA-PM-93-2TC (MB)
June 1998

State: Mississippi

Citation

(b) Deductibles/Coinsurance

1905(a)
1902(a)(30), 1902(n),
1905(a), and 1916 of
the Act

(1) Medicare Part A and B

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for
establishing payment rates for services covered
under Medicare; and/or the methodology for
payment of Medicare deductible and coinsurance
amounts, to the extent available for each of
the following groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare Part A
and Part B deductible and coinsurance
amounts for QMBs (subject to any nominal
Medicaid copayment) only for the amount,
duration and scope of services otherwise
available under this plan.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid
services also covered under Medicare and
furnished to recipients entitled to
Medicare (subject to any nominal
Medicaid copayment). For services
furnished to individuals who are
described in section 3.2(a)(1)(iv),
payment is made as follows:

42 CFR 431.625

— For the entire range of services
available under Medicare Part B.

X Only for the amount, duration, and
scope of services otherwise
available under this plan.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A
and Part B deductible and coinsurance
amounts for services available under
Medicare only for the amount, duration
and scope of services otherwise
available under this plan and pays for
all Medicaid services furnished to
individuals eligible both as QMBs and
categorically or medically needy
(subject to any nominal Medicaid
copayment).

TN No. 98-16
Supersedes
TN No. 98-08

Date Received 12/23/98
Approval Date FEB 04 1999
Effective Date JUL 01 1999

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: Mississippi

Citation

Condition or Requirement

1906 of the
Act

(c) Premiums, Deductibles, Coinsurance
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)
of the Act

(d) ☐ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 92-16

Supersedes

TN No. NEW

Approval Date

11-3-93

Date Received

9-30-92

Effective Date

7-1-92

HCFA ID: 7983E